

APPENDIX F: NEIGHBORHOOD PLACE SURVEY



First Week Wrap-Up

What is the purpose of this survey? The purpose of this survey is to review our first week as Neighborhood Place for continuous quality improvement. This is a work in progress and we all need to continue working together to make it a success! Thank you in advance for your work and dedication to improving our Neighborhood Place.

What will be done with the results? This survey will remain **anonymous**. Please complete and print the survey and place it in the yellow box so that the site based manager can pick up all surveys. The results will be reviewed with the community council and all staff.

Please select the box that represents the NP where you spend most of your time (select only one):

North ☐

South ☐

(Adjust to represent correct NP site)

Instructions: Please read carefully and **check** the box that best represents how you feel about each statement.

"Team" refers to **all** staff at your **current** Neighborhood Place.

STATEMENT:	STRONGLY DISAGREE	DISAGREE	NO OPINION	AGREE	STRONGLY AGREE
1. I understand the NP mission and vision.					
2. I know enough about my team's resources and expertise that I felt comfortable this week explaining them to clients.					
3. Day to day operations ran smoothly at our NP site.					
4. The transition of clients/customers ran smoothly at our NP site.					
5. The transition of agency representatives ran smoothly at this NP site?					
6. Communication between team members occurred naturally?					
7. Overall, our NP site is working well together to make NP a success?					

Please answer the following questions:

1. What did you like BEST about working at NP this week?
2. What do you think should be done to improve day to day function of NP for next week?
3. What suggestions, if any, do you have to improve team communication/collaboration for next week?
4. Additional comments/suggestions:

Thank you for completing this survey!

This survey will be conducted on line at 3, 6, 9, & 12 months from the original training date



Team Collaboration and Initial Training Evaluation Survey

What is the purpose of this survey? The purpose of this survey is to promote improved team functioning in the spirit of continuous quality improvement, and help make progress toward the Neighborhood Place Mission and Vision.

What will be done with the results? Each Site Based Manager will receive the results for her/his specific Neighborhood Place and will discuss the results with staff to identify training needs, celebrate successes, and plan any actions needed to address barriers to the team's functioning. The Neighborhood Place Community Council will receive a report of overall results for all Neighborhood Places combined. These results will **NOT** be used to judge the performance of the staff or the Site Based Manager. All responses will be sent to the NP Leadership Team to review, develop and distribute all relative reports. **Site Based Managers are not to take this survey.**

Please select the box that represents the NP where you spend most of your time (select only one):

☐ North
 ☐ South

(Adjust to represent correct NP site)

Please indicate which agency you represent:

☐ DSS/OFS
 ☐ DSS-OCS
 ☐ DHH
 ☐ OJJ
 ☐ LRS
 ☐ Other

How much time per week do you spend at this NP site? (check one)

☐ 3-6 hours
 ☐ 8 hours
 ☐ 1.5 days
 ☐ 2 days
 ☐ 3 or more days

Instructions: Please read carefully and **check** the box that best represents how you feel about each statement. "Team" refers to **all** staff at your **current** Neighborhood Place.

STATEMENT:	STRONGLY DISAGREE	DISAGREE	NO OPINION	AGREE	STRONGLY AGREE
1. I understand the NP mission and vision.					
2. I know enough about my team's resources and expertise to explain them to clients.					
3. I frequently consult with members of my team.					
4. I frequently work in cross-agency teams.					
5. I consistently link clients to non-NP services.					
6. I have a high degree of trust of my team members.					
7. Leadership roles at my NP are shared.					
8. There are effective procedures in place to guide team functioning.					
9. Communication between team members occurs naturally and spontaneously.					
10. I view my clients as partners in developing a service plan, setting goals, & measuring progress.					
11. I am able to meet both the expectations of NP and also the expectations of my home agency.					
12. I understand the roles and responsibilities of our Community Council.					
13. I need more interaction with our Community Council.					
14. I view our Community Council as a partner in working toward success of Neighborhood Place.					
15. Problems and conflicts that arise between team members are addressed adequately.					
16. I seek out opportunities to learn or try out something new.					
17. I am clear about how my roles connect with other team members' roles.					

This survey will be conducted on line at 3, 6, 9, & 12 months from the original training date

Instructions: Following are some characteristics of teams. Please read carefully and **check** the box that represents the best answer for each statement. Again, "**team**" refers to **all** staff at your **current** Neighborhood Place.

STATEMENT:	MOST	SOME	A FEW	NONE
1. Members of my team are committed to NP's success.				
2. Members of my team are concerned about helping meet each other's needs.				
3. There is a high degree of trust among team members.				
4. Team members frequently demonstrate personal respect for one another.				
5. Members of the team view their clients as partners in developing a service plan, setting goals, and measuring progress.				
6. My team experiments with different ways of doing things and is creative and flexible in its approach.				
7. Team members frequently discuss ways to improve their functioning in order to better serve clients/customers.				
8. My team recognizes and celebrates its successes.				
9. My team members have a clear sense of their own NP roles and responsibilities.				
10. Overall, the team is collaborating to the point of service integration, rather than working from a traditional approach.				

Instructions: Following are some questions pertaining to the day to day operations at your NP site. Please read carefully and **check** the box that represents the best answer for each statement.

STATEMENT:	STRONGLY DISAGREE	DISAGREE	NO OPINION	AGREE	STRONGLY AGREE
1. Day to day operations run smoothly at our NP site.					
2. The transition of clients/customers runs smoothly at our NP site.					
3. The transition of agency representatives runs smoothly at this NP site.					
4. Staffing is conducted in a manner which all team members' input is valued.					
5. Overall, our NP site is working well together to make NP a success.					

Please answer the following questions:

1. In your opinion, what would help further develop the relationship between NP staff and council members?
2. Can you describe cross-agency collaboration at your NP? How well do you feel it is working?
3. In your opinion, what one change would help to improve cross-agency collaboration?
4. What other topics, if any, should have been covered in the initial training to better prepare you for working at NP?

This survey will be conducted on line at 3, 6, 9, & 12 months from the original training date

5. In what ways do you feel the NP Leadership Team can continue to provide support to the NP?

6. What additional trainings would you like to see offered in the future?

7. Additional Comments:

Thank you for participating in this survey.



Client Satisfaction Survey

Purpose: We would like to know your views about your experience at Neighborhood Place today. Your answers to the following questions will help us continue to improve our services. Thank you for participating.

1. Who referred you to Neighborhood Place today? (check only one)

- | | |
|---|---|
| <input type="checkbox"/> Return Visit | <input type="checkbox"/> My Employer |
| <input type="checkbox"/> Community Ministry | <input type="checkbox"/> Family, Friend or Neighbor |
| <input type="checkbox"/> Self | <input type="checkbox"/> School |
| <input type="checkbox"/> Healthcare Provider: _____ | <input type="checkbox"/> Other: _____ |

2. Which services were you "seeking" when you came in today? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Child Protective Services |
| <input type="checkbox"/> Child school concerns | <input type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medications, shots |
| <input type="checkbox"/> Emergency Rent/Utilities Services | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Emergency Food |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ |

3. Which services did you "receive" today? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Child Protective Services |
| <input type="checkbox"/> Child school concerns | <input type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medications, shots |
| <input type="checkbox"/> Emergency Rent/Utilities Services | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Emergency Food |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ |

4. As a result of today's visit, were you referred to any other services?

- | | |
|---|--|
| <input type="checkbox"/> NO <input type="checkbox"/> YES (check all that apply) | |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Child Protective Services |
| <input type="checkbox"/> Child school concerns | <input type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medications, shots |
| <input type="checkbox"/> Emergency Rent/Utilities Services | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Emergency Food |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ |

5. If you were referred to other services, do you know what to do next?

- ☐ Yes ☐ No ☐ I was not referred to any other service

6. Did you have adequate input in making decisions today?

- ☐ Yes ☐ No

7. Were the services at Neighborhood Place explained to you, and were your questions answered to your satisfaction?

☐ Yes ☐ No

8. Has the staff been courteous and concerned today?

☐ Yes ☐ No

9. Do you feel that the staffs have respected your rights as an individual today?

☐ Yes ☐ No

10. Was it easy for you to get to this Neighborhood Place?

☐ Yes ☐ No

11. How long did it take you to get here?

☐ Less than 15 minutes

☐ 15 to 30 minutes

☐ 30 to 45 minutes

☐ More than an hour

12. Are the hours at your Neighborhood Place convenient for you?

☐ Yes ☐ No

13. Have you found the lobby area to be neat and comfortable for you?

☐ Yes ☐ No

14. How long did you have to wait before being seen?

☐ Less than 15 minutes

☐ 15 to 30 minutes

☐ 30 to 45 minutes

☐ More than an hour

15. Do you feel you were served in a timely manner?

☐ Yes ☐ No

16. Has Neighborhood Place met your needs?

☐ A great deal

☐ Somewhat

☐ Very little

☐ Not at all

17. Would you send a friend to this Neighborhood Place for help?

☐ Yes ☐ No

18. How would you rate your overall experience today?

☐ Excellent

☐ Good

☐ Fair

☐ Poor

19. What other services would you like to see at Neighborhood Place?

a. _____

b. _____

c. _____

d. _____

20. What did you like "most" about Neighborhood Place? _____

21. What did you like "least" about Neighborhood Place? _____
